

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002

West Sacramento, CA 95798-9002

(916) 322-4000

www.dca.ca.gov/bsis**INFORMATION ABOUT CERTIFICATION****FIREARMS INSTRUCTOR/FIREARMS TRAINING FACILITY****BATON INSTRUCTOR/BATON TRAINING FACILITY**

The Bureau of Security and Investigative Services certifies and regulates firearms and baton instructors and firearms and baton training facilities under provisions of the Private Security Services Act, Chapter 11.5, Division 3, Business and Professions Code. No one may engage in any business regulated by this act in California without obtaining appropriate certification from this Bureau. Certification laws are subject to change. Applicants will be notified of amendments which may affect their applications or certifications.

FIREARMS FACILITY CERTIFICATION

The Firearms Training Manual is the standard for instruction at all firearms training facilities. It was developed by a committee of experts in the field of firearms training in conjunction with Bureau staff. The manual provides for a minimum of 14 hours (classroom and range) training. Instructors must obtain Bureau approval before offering supplemental instruction. The course of training in the carrying and usage of firearms required of applicants to obtain a firearms permit shall follow the standards prescribed by the Department of Consumer Affairs pursuant to Title 16, California Code of Regulations section 697. The manual will be forwarded upon certification of the facility.

Once the firearms training facility application is complete, it should be mailed to the Bureau with the fee indicated on the application.

Approval may be given and a certificate issued only if the facility employs a certified firearms instructor. Upon approval, the firearm training facility certificate will be mailed to the applicant. Once you receive the certificate, you may submit a written request to the Bureau for Live Scan forms or fingerprint cards, guard registration applications and firearms permit applications. Each firearms training facility must have a written procedure for the security of the written examination and it must be submitted to the Bureau on demand.

BATON FACILITY CERTIFICATION

The Baton Training Manual is the standard for instruction at all baton training facilities. It was developed by a committee of experts in the field of baton training in conjunction with Bureau staff. Instructors must obtain Bureau approval before offering supplemental instruction. The Baton Manual will be forwarded upon certification of the facility.

Once the baton training facility application is complete, it should be mailed to the Bureau with the fee indicated on the application. Approval may be given and a certificate issued only if the facility employs a certified baton instructor. The baton training facility certificate will be mailed to the facility upon approval. The instructor then may order a supply of baton certificates from the Bureau's mailroom by submitting a written request and \$50 for each certificate ordered. Checks and money orders should be made payable and mailed to the Bureau of Security and Investigative Services, P.O. Box 989002, West Sacramento, CA 95798. Each baton training facility must have a written procedure for the security of the examinations and baton certificates and it must be submitted to the Bureau on demand.

CORPORATE APPLICANTS ONLY

If a corporate application is filed and Articles of Incorporation or the Statement and Designation as a Foreign Corporation are already filed with the Secretary of State, a copy of the **endorsed** articles must accompany the application. Approval of a corporate name by the Secretary of State does not mean the name will be automatically approved as a business name by the Bureau. Endorsed Articles of Incorporation or the Statement and Designation as a Foreign Corporation are required before a corporate license is issued. You must submit one application for each certification you are applying for, i.e. one for baton training facility and one for firearms training facility. They are separate certifications.

FIREARMS AND BATON TRAINING INSTRUCTOR CERTIFICATION

The following information will help you determine whether you meet established minimum qualifications for the certification you are seeking. Experience information supplied on the application will be verified. Those certified as instructors are certified to teach at Bureau-certified facilities. A list of certified facilities can be requested from the Department's Public Information Unit at (916) 323-7018.

Once the instructor's training certificate application is complete, it should be mailed to the Bureau with the fee indicated on the application. Upon approval, and after the experience and education is verified, the instructor's training certificate will be mailed to the applicant.

FIREARMS INSTRUCTOR CERTIFICATION

In accordance with Business and Professions Code section 7585.5, a firearms training instructor applicant must:

- possess an associate of arts degree in administration of justice **OR** one year of teaching **OR** training experience in firearms or its equivalent; **AND**
- possess a police or security firearms training instructor certificate issued by the National Rifle Association or a firearms training instructor certificate issued by a federal, state or local agency.

BATON INSTRUCTOR CERTIFICATION

Applicants must submit supporting documents establishing baton training experience.

In accordance with Business and Professions Code section 7585.12, a baton training instructor applicant must:

- possess an associate of arts degree in administration of justice or its equivalent, **AND**
- possess a baton instructor certificate issued by a federal, state or local agency **OR** one year of verifiable baton teaching experience, **OR** its equivalent as determined by the chief.

Applicants must submit one complete application for each certification applied for, i.e., one for baton instructor and one for firearms instructor. They are separate certifications.

POWER TO ARREST TRAINING

Certified firearms and/or baton instructors are approved to administer the Power to Arrest Examination; a certificate or other written approval is not necessary.

PERSONAL IDENTIFICATION FORM (FORM 31B-6)

Each person applying for a Training Instructor Certification (Form 31B-3) and each person listed on the Application for Training Facility Certification (Form 31 B-4) as an owner, partner, corporate officer and/or certified instructor must complete one of these forms. This form is also to be completed for any corporate officer and certified instructor change or addition after a training facility certificate is issued. A corporate officer includes the chief executive officer, secretary, chief financial officer and any other officer who will be active in the business.

FINGERPRINT REQUIREMENTS

Two sets of legible fingerprint cards (FD-258) must be completed, including the physical description, and submitted by each person applying as an owner, partner or corporate officer of a training facility and by each individual applying for an instructor certificate. Local police or sheriff's departments may assist and may charge a fee to record prints or may refer you to other sources for assistance. Any person who knowingly falsifies the fingerprints for certification is guilty of a felony.

Live Scan Fingerprinting

Live Scan is a system for the electronic submission of fingerprints and the subsequent automated background checks and responses. The Bureau strongly encourages the use of Live Scan for submitting fingerprints to the DOJ and the FBI. Live Scan is much faster and more efficient than fingerprint cards and we would prefer that you use Live Scan whenever possible.

Live Scan is easy to use. Simply go to the nearest Live Scan station to have your fingerprints submitted to the DOJ and FBI. Pay the Live Scan Operator the \$32 DOJ fingerprint processing fee and the \$24 FBI fingerprint processing fee.

Live Scan Sites and Forms

You may visit the **Bureau's Web site at "www.dca.ca.gov/bsis"** to link to the Live Scan sites and/or Live Scan form to be used by the Bureau's applicants. You may also call the Bureau at 916-322-400 to request a form and/or referral to a Live Scan site in your area.

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002

West Sacramento, CA 95798-9002

(916) 322-4000

www.dca.ca.gov/bsis

PERSONAL IDENTIFICATION FORM

Each person applying for a Training Instructor Certification (Form 31B-3) and each person listed on the application for Training Facility Certification (Form 31B-4) as an owner, partner, corporate officer and certified instructor must complete one of these forms. This form must also be completed for any corporate officer and certified instructor change or addition after a Training Facility Certification is issued. A corporate officer includes the chief executive officer, secretary, chief financial officer and any other officer who will be active in the business.

This form must be accompanied by two sets of classifiable fingerprints and the fingerprint processing fees, or the Live Scan form signed by the Live Scan operator, and two photographs, taken within the past year that are 1 ½" x 2" in size and of passport quality.

DEPARTMENT USE ONLY								
Prefix	<table border="1"><tr><td></td><td></td><td></td></tr></table>							
No.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Iss	_____							

Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code Public Law 94-455 [42 USCA 405(c)(2)(C)] authorizes collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

This information is requested pursuant to California Business and Professions Code sections 480, 6980.18, 6980.19, 6980.20, 6980.21, 7503.1, 7503.2, 7503.3, 7503.4, 7525, 7533.5, 7593.1, 7593.2, 7593.3, 7593.4 and Labor Code section 432.7 and will be used to determine eligibility for licensure. All information is necessary, and if not provided, the application may be rejected.

Please type or print clearly

1. This application is for: <input type="checkbox"/> A new certification A change in an existing training facility certification <input type="checkbox"/> Officer <input type="checkbox"/> Instructor <input type="checkbox"/> Additional Instructor		2. The type of certification is: <input type="checkbox"/> Firearm Training Facility <input type="checkbox"/> Baton Training Facility <input type="checkbox"/> Firearm Instructor <input type="checkbox"/> Baton Instructor		3. Name of Instructor _____ (Print)	
4. Training Facility Name				5. Certification Number (if Licensed)	
6. Name (No Initials) Last First Middle				7. Social Security Number (Mandatory)	
8. Residence Address – Number and Street				City	State Zip Code
9. Telephone Number Residence () Business ()				10. Date of Birth (Mo/Day/Yr)	

11. Your Position with Business: (Check all that apply)

- ☐ Owner ☐ Certified Instructor
☐ Partner ☐ Officer Office Held _____

12. Have you ever applied for or received a license or registration from the Department of Consumer Affairs, the Department of Professional and Vocational Standards, Bureau of Private Investigators and Adjusters, the Collection Agency Licensing Bureau, the Bureau of Collection and Investigative Services, or the Bureau of Security and Investigative Services?	YES <input type="checkbox"/>
	NO <input type="checkbox"/>
13. Have you or any partnership or corporation of which you were a member or officer had any license denied, suspended or revoked by any state, territory, or governmental agency?	YES <input type="checkbox"/>
	NO <input type="checkbox"/>
14. Have you ever been arrested and convicted of any crime, or entered a plea of nolo contendere? This item includes misdemeanors and felonies regardless of the length of time which has lapsed since their occurrence. Minor traffic violations resulting in a fine of \$499 or less do not need to be disclosed. Convictions dismissed under Section 1203.4 of the Penal Code MUST be disclosed	YES <input type="checkbox"/>
	NO <input type="checkbox"/>
15. Are you currently on bail and/or on your own recognizance for an arrest for a crime other than a minor traffic violation?	YES <input type="checkbox"/>
	NO <input type="checkbox"/>
16. Have you ever used a name other than your present legal name?	YES <input type="checkbox"/> NO <input type="checkbox"/>

IMPORTANT: If you answered "YES" to any of the preceding questions, attach a supplementary statement giving a complete and detailed explanation, including dates, names used, license numbers, reasons, convictions, etc.

17. EMPLOYMENT HISTORY: Your past five-year employment history must be shown. Any lapse of employment during those five years must be explained. List most recent experience first. If additional space is needed, attach a separate sheet.

NAME OF EMPLOYER		TELEPHONE NUMBER ()	DUTIES PERFORMED:
ADDRESS: NUMBER STREET CITY STATE ZIP CODE			
YOUR POSITION TITLE	SUPERVISOR'S NAME		
DATES EMPLOYED (Month/Day/Year) From: To:		TOTAL NUMBER OF HOURS WORKED	
NAME OF EMPLOYER		TELEPHONE NUMBER ()	DUTIES PERFORMED:
ADDRESS: NUMBER STREET CITY STATE ZIP CODE			
YOUR POSITION TITLE	SUPERVISOR'S NAME		
DATES EMPLOYED (Month/Day/Year) From: To:		TOTAL NUMBER OF HOURS WORKED	
NAME OF EMPLOYER		TELEPHONE NUMBER ()	DUTIES PERFORMED:
ADDRESS: NUMBER STREET CITY STATE ZIP CODE			
YOUR POSITION TITLE	SUPERVISOR'S NAME		
DATES EMPLOYED (Month/Day/Year) From: To:		TOTAL NUMBER OF HOURS WORKED	

18. List your residence addresses for the past five years. Give the most recent first, using additional sheet if necessary.

NUMBER AND STREET CITY STATE ZIP CODE	FROM	TO

ATTENTION – READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS FORM

I declare under penalty of perjury, under the laws of the State of California, that all information contained on this Personal Identification Form and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

SIGNATURE

DATE

Per California Civil Code section 1798.17 (Information Practices Act), the chief of the Bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by section 1798.40 of the Civil Code.

**Attach two
photographs taken
within the past year**

Each one size 1 ½" x 2"

FOR DEPARTMENT USE ONLY

EXP _____

FP 1 _____

FP 2 _____

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002

West Sacramento, CA 95798-9002

(916) 322-4000

www.dca.ca.gov/bsis

APPLICATION FOR TRAINING FACILITY CERTIFICATION

This information is required pursuant to sections 7585.3, 7585.11, and 480 of the Business and Professions Code and section 432.7 of the Labor Code and will be used to determine eligibility for certification. All information is mandatory and, if not completed, will lead to rejection of the application. When issued, a training facility certificate is valid only when that facility has a Bureau-certified instructor in its employment.

Application or certification fees shall not be refunded.

Please type or print clearly

1. Type of Certification (check only one box)			<input type="checkbox"/> Firearms Training Facility			<input type="checkbox"/> Baton Training Facility		
2. Ownership Information – Type of Business Organization								
<input type="checkbox"/> Individual			<input type="checkbox"/> Partnership			<input type="checkbox"/> Corporation		
<div style="border: 1px solid black; width: 100px; height: 20px;"></div>			<div style="border: 1px solid black; width: 100px; height: 20px;"></div>			<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		
Social Security No. (Individual Ownership Only)			FEIN (Partnership Ownership Only)					
3. Training Facility Name			4. If already certified, Training Facility Number			5. Telephone Number ()		
6. Training Facility Address			City		State		Zip Code	
7. Seating Capacity of Classroom Minimum Maximum			8. Instruction Details Location Days Times					
9. Size of Practical Exercise Room (Baton Training) Length Width Height			10. Firearms Range <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor					
11. Firearms Range Name			12. Rangemaster Name			13. Range Telephone Number ()		
14. Firearms Range Address			City		State		Zip Code	
15. Instructor Information: Enter name of each instructor who will be teaching at the facility and the type of instruction each will be giving. If a Bureau instructor certificate has not been issued, indicate either that an application is attached or that it has already been submitted to the Bureau.								
Instructor Name			Type of Instruction			Bureau Certification Number		
<div style="border-bottom: 1px solid black; height: 20px;"></div>			<div style="border-bottom: 1px solid black; height: 20px;"></div>			<div style="border-bottom: 1px solid black; height: 20px;"></div>		
<div style="border-bottom: 1px solid black; height: 20px;"></div>			<div style="border-bottom: 1px solid black; height: 20px;"></div>			<div style="border-bottom: 1px solid black; height: 20px;"></div>		
<div style="border-bottom: 1px solid black; height: 20px;"></div>			<div style="border-bottom: 1px solid black; height: 20px;"></div>			<div style="border-bottom: 1px solid black; height: 20px;"></div>		
16. List the name of each owner, partner, or corporate officer of the business and give their position. For corporations, list chief executive officer, secretary, chief financial officer, and any other corporate officer who will be active in the business. If additional space is needed, attach a separate sheet.								
Name			Position					
<div style="border-bottom: 1px solid black; height: 20px;"></div>			<div style="border-bottom: 1px solid black; height: 20px;"></div>					
<div style="border-bottom: 1px solid black; height: 20px;"></div>			<div style="border-bottom: 1px solid black; height: 20px;"></div>					
<div style="border-bottom: 1px solid black; height: 20px;"></div>			<div style="border-bottom: 1px solid black; height: 20px;"></div>					

I/We declare under penalty of perjury, under the laws of the State of California, that all information contained on this Application for Training Facility Certification and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF THIS CERTIFICATE.

Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date

Signature(s) Required: Individual(s) whose name(s) appear in item number 16 above.

Per California Civil Code section 1798.17 (Information Practices Act), the chief of the Bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by section 1798.40 of the Civil Code. Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code Public Law 94-455 [42 USCA 405(c)(2)(C)] authorize collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002

West Sacramento, CA 95798-9002

(916) 322-4000

www.dca.ca.gov/bsis

APPLICATION FOR TRAINING INSTRUCTOR CERTIFICATE

This information is required pursuant to sections 7585.3, 7585.11, and 480 of the Business and Professions Code and section 432.7 of the Labor Code and will be used to determine eligibility for certification. All information is mandatory and if not completed, will lead to rejection of the application.

Application or certification fees shall not be refunded.

PLEASE TYPE OR PRINT CLEARLY

1. Type of Certification	<input type="checkbox"/> Firearms Instructor	<input type="checkbox"/> Baton Instructor		
2. Name: Last	First	Middle		
3. Residence Address	Number and Street	City	State	Zip Code
4. Social Security Number	5. Home Telephone Number ()			
6. Training Facility Name and Certificate Number	7. Facility Telephone Number ()			
8. Facility Address	Number and Street	City	State	Zip Code
9. Certificates of Professional or Vocational Competence (attach copies)				

ISSUING AUTHORITY

Type of Certificate	(P.O.S.T., Academic, etc.)	Date Received
1.		
2.		
3.		
4.		
5.		
6.		
7.		

I declare under penalty of perjury, under the laws of the State of California, that the information given in this application is true and correct, having full knowledge that all statements made and accompanying documents are subject to investigation and that any false or misleading information may be grounds for denial, suspension, or revocation of my certificate.

Signature _____

Date _____

Per California Civil Code, section 1798.17 (Information Practices Act), the chief of the Bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by section 1798.17 of the Civil Code.

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002

West Sacramento, CA 95798-9002

(916) 322-4000

www.dca.ca.gov/bsis**APPLICATION FEES AND FINGERPRINTING PROCESS****TRAINING INSTRUCTORS**

Baton	\$250
Firearm	\$250

TRAINING FACILITIES

Baton	\$500
Firearm	\$500

Live Scan Fingerprinting Process

Live Scan is a system for the electronic submission of fingerprints and the subsequent automated background checks and responses. The Bureau of Security and Investigative Services strongly encourages the use of Live Scan for submitting fingerprints to the California Department of Justice. Live Scan is much faster and more efficient than fingerprint cards and we would prefer that you use Live Scan.

Live Scan is easy to use. Simply follow these steps:

Go to the nearest Live Scan station (see below for locations) to have your fingerprints submitted to the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI).

Pay the Live Scan operator the \$32 DOJ fingerprint processing fee and the \$24 FBI fingerprint processing fee, as well as the Live Scan site fee.

NOTE: The fee set by each Live Scan site varies. The Bureau does not set the price.

Live Scan Sites and Forms

You may visit the Bureau's Web site at www.dca.ca.gov/bsis to link to the Live Scan sites and/or Live Scan form. You may also call the Bureau at 916-322-4000 to request a form and/or referral to a Live Scan site in your area.

Fingerprint Card Process (FD - 258)

The Bureau submits fingerprints to both the DOJ and the FBI. Therefore two sets of classifiable fingerprints must be submitted by each person applying for an instructor certification and each person listed on the application for training facility certification as an owner, partner, or corporate officer.

Fingerprint processing fees are set by each department. The fingerprint processing fee set by DOJ is \$32 and the fee set by FBI is \$24.

These fees are in addition to the above listed fees.

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002

West Sacramento, CA 95798-9002

(916) 322-4000

www.dca.ca.gov/bsis**INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

The information you provide on this application is maintained by the Chief of the Bureau of Security and Investigative Services, Department of Consumer Affairs, 400 R Street, Sacramento, CA 95814, (916) 322-4000. The information is requested pursuant to Business and Professions Code sections 6980.17, 6980.18, 6980.19, 6980.20, 6980.21, 7503, 7503.1, 7503.2, 7503.3, 7503.4, 7506.5, 7507.1, 7525, 7525.1, 7533, 7533.5, 7582.6, 7582.19, 7583.9, 7593, 7593.1, 7593.2, 7593.3, 7593.4, 7598.6, 7599.23; Labor Code section 432.7; and/or Title 16, California Code of Regulation section 606.

It is mandatory that you provide all information requested. Omission of any item of required information will result in the application being rejected as incomplete.

Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455[42 USCA §405(c)(2)(C)] authorize collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which uses a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Your completed application becomes the property of the Bureau and will be used by authorized personnel to determine your eligibility for a license, registration or permit. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code §6250 et seq.) and the Information Practices Act (Div. Code §1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law.

Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure. However, if requested, a personal residence address disclosed in a repossession agency application shall be maintained confidential pursuant to Business and Professions Code section 7503. The residential address of a registered repossession employee is maintained confidential pursuant to Business and Professions Code section 7506.5.

You have the right to review the records maintained on you by the Bureau or department unless the records are exempt by section 1798.40 of the Civil Code. You may gain access to the information by contacting the Bureau at the above address.

The Unruh Civil Rights Act and other state laws contain prohibitions against gender-based pricing practices. Prices must be based on factors such as the difficulty of treatment or service, and not on the gender of the customer. Violators of these laws may be required to pay damages of a minimum of \$1,000 for each violation as specified in Section 52 of the Civil Code. [Statutes 1994, chapter 535 (SB 1288)].